



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

Annual Report for the year: 2018
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 APR -9 AM 10:34

1. Entity ID Number <u>000067767</u>		2. Exact name of the Corporation <u>WEEDEN APPRAISAL COMPANY, INC</u>	
3. Principal Office Address <u>P.O. BOX 718 STANLEY CHARLESTON, RI 02813</u>		City <u>CHARLESTON</u>	State <u>RI</u>
4. NAICS Code <u>531320</u>	6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE APPRAISAL</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>ROBERT COLSTON</u>		Vice-President Name <u>N/A</u>	
Street Address <u>445 GILBERT STUART RD</u>		Street Address	
City <u>NORTH KINGSTON</u>	State <u>RI</u>	Zip <u>02874</u>	
Secretary Name <u>N/A</u>		Treasurer Name <u>N/A</u>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES
			PAR VALUE <u>0</u>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>			
Name of Authorized Representative <u>ROBERT COLSTON</u>		Date <u>4/9/18</u>	
Signature of Authorized Representative 		FILED APR 09 2018 BY <u>32888</u>	

MAIL TO:
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 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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